

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>2/15/11</u>		2 Serial/Patent # <u>6,635,309</u>							
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
Filing			\$						
Amendment			\$						
Extension of Time			\$						
Notice of Appeal/Appeal			\$						
Petition	1		\$						
Issue			\$						
Cert of Correction/Terminal Disc.			\$						
Maintenance			\$						
Assignment			\$						
<input checked="" type="checkbox"/> Other	8	2/1/11	\$ 2130						
		7 TOTAL AMOUNT OF REFUND	\$2130.00						
10 REASON:		8 TO BE REFUNDED BY:							
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check							
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:							
<input checked="" type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				--			
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11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Kenya A. McLaughlin</u>		TITLE: <u>Petitions Attorney</u>							
SIGNATURE: <u>/kenyamclaughlin/</u>		PHONE: <u>571-272-3222</u>							
OFFICE: <u>Office of Petitions</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u></u>		DATE: <u>2/18/11</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: